



# MENTAL HEALTH

## Focus Area 1 - Development of a Statewide Comprehensive Crisis Services System

### Problem

Currently, comprehensive crisis services in Maryland are available through only a few model programs in urban or suburban jurisdictions. Consumers in need of assistance access care in a variety of ways, often waiting until the problem escalates into a visit to the hospital emergency room or in police intervention. Due to limited access to crisis services, consumers may wait until it is too late for a less costly and more effective intervention.

### Determinants

Factors that contribute to the lack of comprehensive crisis services in many jurisdictions include: 1) insufficient coordination between local law enforcement and mental health service providers; 2) lack of single 24-hour/seven-day entry points into the mental health system; and 3) fragmentation of service systems due to differences in the private and public health systems.

**Objective 1** - By 2010, develop a Statewide Comprehensive Crisis Services System, utilizing private and public resources, which is available to 100% of Maryland's jurisdictions and that promotes prevention activities and improves mental health status.

### Action Steps

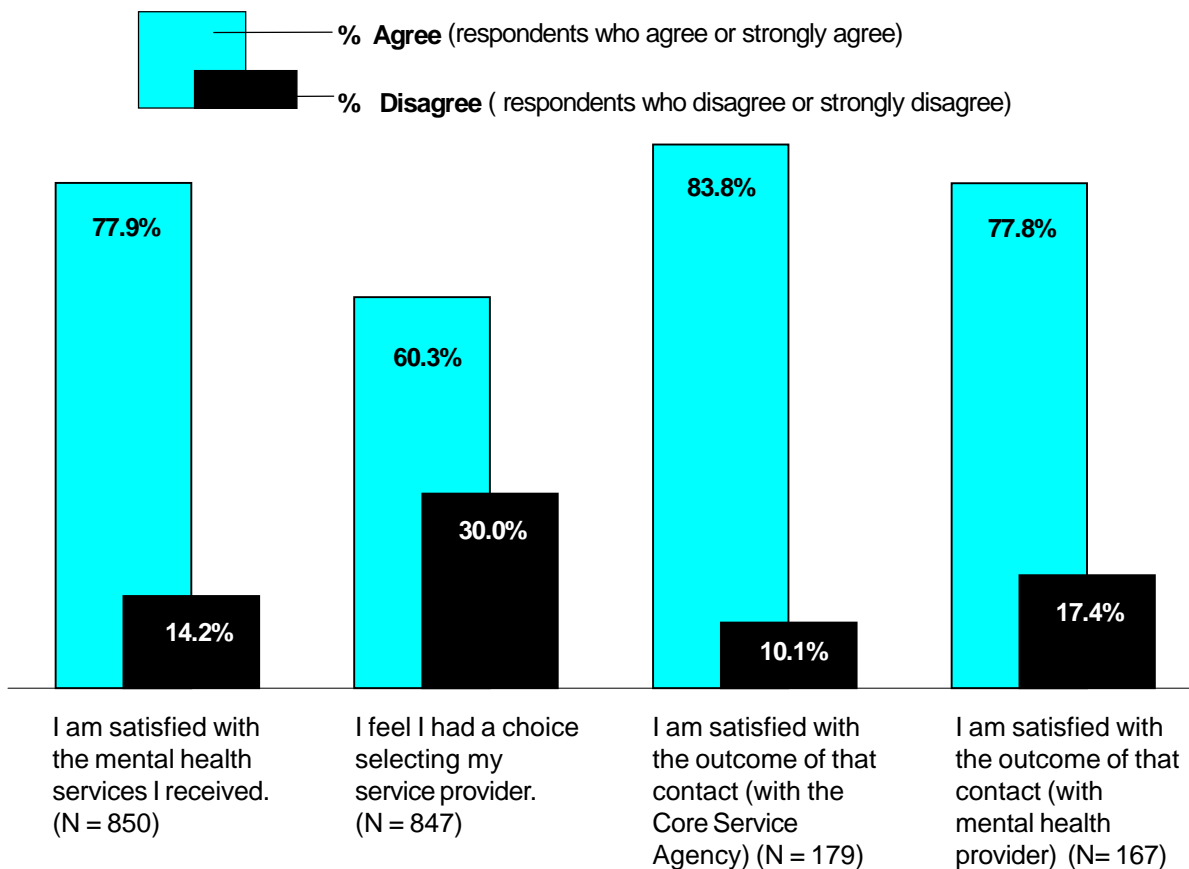
- ⇒ Develop additional resources, including comprehensive crisis services and linkages to regional programs, to address crisis service needs in Maryland.
- ⇒ Develop network of comprehensive crisis intervention services across Maryland.
- ⇒ Improve public awareness of ways and means to access crisis services.
- ⇒ Conduct needs assessment of crisis and support services developed by Maryland Core Service Agencies.
- ⇒ Monitor and utilize data from comprehensive crisis service systems and Public Mental Health System (PMHS) to manage results. Data needs include:
  - Network providers' crisis interventions;
  - Acute psychiatric admissions;
  - Diversions and/or reduced stays in jails; and
  - Suicides reported in State mortality statistics.

## Focus Area 2 - Improving the Public Mental Health System

### Problem

As the 1990s ended, approximately 75,000 individuals whose psychiatric conditions meet criteria for medically necessary services received intervention, treatment, and support services through the Public Mental Health System (PMHS). The goals of the PMHS are to improve the mental health status of consumers, help alleviate individual suffering, increase harmony in families and communities, improve work force productivity, and most appropriately utilize health care resources. Improvements to the PMHS must address implementation of best practices, increasing consumer knowledge and understanding of choices in navigating the system, and improving outcomes.

#### Adult Overall Satisfaction with PMHS and Specific Service System Components



**Source:** Report on Maryland Public Mental Health System: Consumer Satisfaction and Outcomes, 1998 Baseline Assessment

## Outcome Measures for Adult Respondents

As a direct result of all the mental health services I received...	Mean Score	St. Dev.	N	% Agree*	% Disagree
I deal more effectively with daily problems	2.217	1.059	682	72.4	15.4
I feel better about myself	2.216	1.073	693	72.5	15.7
I am better able to control my life	2.251	1.044	697	71.5	16.2
I am better able to deal with crisis	2.334	1.057	689	67.3	17.8
I am getting along better with my family	2.326	1.102	659	64.8	18.2
I do better in social situations	2.420	1.057	667	64.2	19.1

\* Numbers in the Agree column include those who agree or strongly agree with the statement. Numbers in the Disagree column include those who disagree or strongly disagree with the statement.

**Source:** Report on Maryland Public Mental Health System: Consumer Satisfaction and Outcomes, 1998 Baseline Assessment

## Determinants

- Satisfaction surveys of PMHS consumers identified user issues with choice and access to the full range of mental health providers.
- Consumers appear to lack knowledge on how to best navigate the PMHS and better manage their own health improvement.
- Maryland has a diverse statewide network of over 4,000 mental health providers delivering services to eligible individuals in over 2,000 locations. Services are delivered by providers that meet either professional licensing or administrative and program regulations and are reimbursed under a fee for service (FFS) system or funded through contracts targeted to special needs not covered by the FFS system. Core Service Agencies (CSAs), State-designated local mental health authorities, who are charged with planning and coordinating the delivery of public mental health services, help identify and promote the development of services in each of 20 defined service areas.
- Planning and development of an appropriate range of services throughout the State provides the foundation for an improved system capable of producing the desired results. Statewide efforts to identify and implement best practices for the delivery of services will contribute to improved outcomes.

- One important method in determining success in achieving improved health status is the key informant survey. Consumers can report how useful the PMHS was in meeting their needs and improving important aspects of their lives.

**Objective 1** - By 2010, increase to at least 80% the proportion of consumers of PMHS services who indicate they are well-informed and satisfied with the choice of providers and services they receive. (1998 Baseline for consumer choice: 60%.)

**Objective 2** - By 2010, increase to at least 85% the proportion of consumers who report an improvement in their mental health status and progress towards individual recovery. (1998 Baseline: Almost 75% of consumers agree that they deal more effectively with their daily problems, feel better about themselves, and are better able to control their lives.)

### Action Steps

- ⇒ Continue and revise as appropriate Public Mental Health System (PMHS) consumer satisfaction and outcome surveys.
- ⇒ Develop and implement an ongoing educational program for consumers geared towards increasing their knowledge of service availability, their rights in treatment and their ability to make choices about their treatment.
- ⇒ Develop systems and service initiatives to respond to Core Service Agency (CSA) need assessments. Data needs include:
  - Periodic survey of consumer satisfaction and health status, symptoms and functioning;
  - Periodic data on service delivery system;
  - Alternative information contributing to the assessment of improved mental health status, i.e. improvement in reported consumer employment rates; and
  - Key Informant survey.
- ⇒ Identify and implement the best service practices in Maryland.
- ⇒ Monitor data from consumer surveys to develop improvements in the effectiveness of mental health services.

### Related Reports

Maryland Mental Health Partners, & R.O.W. Sciences, Inc. (1998, 1999). *Report on Maryland Public Mental Health System: Consumer Satisfaction and Outcomes 1998 and 1999*. Report for Maryland Mental Hygiene Administration.

## **Focus Area 3 - Treating Recognized Depression**

### **Problem**

Approximately 20% of the U.S. population is affected by mental illness during a given year; no one is immune. Of all mental illnesses, depression is the most common disorder. More than 19 million adults in the United States suffer from depression. Major depression is the leading cause of disability and is the cause of more than two-thirds of suicides each year. In 1997, only 23% of adults diagnosed with depression received treatment.

### **Determinants**

- A person with depressive disorder is often unable to fulfill the daily responsibilities of being a spouse, partner, parent, employee and/or community member. The misunderstanding of mental illness and the associated stigma prevent many persons with depression from seeking professional help. Many people will be incapacitated for weeks or months because their depression goes untreated.
- Depression is treatable. Available medications and psychological treatments, alone or in combination, can help 80% of those with depression.
- With adequate treatment, future episodes of depression can be prevented or reduced in severity.
- Treatment for depression can enable people to return to satisfactory, functioning lives.
- Mental health is sometimes thought of as simply the absence of mental illness but is actually much broader. Mental health is a state of successful mental functioning, resulting in productive activities, fulfilling relationships, and the ability to adapt to change and cope with adversity. Mental health is indispensable to personal well-being, family and interpersonal relationships, and one's contribution to society.

**Objective 1** - By 2010, increase the proportion of adults with recognized depression who receive treatment.

### **Action Steps**

- ⇒ Continue and increase the Mental Hygiene Administration's (MHA's) public education campaign with special focus on depression.
- ⇒ In partnership with other organizations, target the awareness of, screening for, and treatment of depression as a special opportunity for prevention, early intervention and treatment.

- ⇒ In cooperation with Core Service Agencies (CSAs), make resources available to support access to medication to individuals with depression and apparent difficulty in affording medication.
- ⇒ Continue to monitor national data on adults with depression who received treatment (SAMHSA National Household Survey on Drug Abuse).
- ⇒ Collect data on number of individuals who received treatment through the Public Mental Health System (PMHS) who were diagnosed with depression.
- ⇒ Conduct Public Mental Health System (PMHS) follow-up study on individuals with diagnosis of major depression who were able to achieve and maintain successful outcomes.

## Partners

### *Focus Area 1 - Development of a Statewide Comprehensive Crisis Services System*

Maryland Local Advocacy Organizations • Maryland Local Core Service Agencies • Maryland Local Health Departments • Maryland Local Hospitals and Mental Health Providers • Maryland Local Police and Public Safety • Maryland Mental Hygiene Administration, DHMH

### *Focus Area 2 - Improving the Public Mental Health System*

Consumers in the PMHS • Mental Health Advocacy Organizations • Maryland Health Partners • Maryland Local Core Service Agencies • Maryland Local Health Departments • Maryland Mental Hygiene Administration, DHMH • Providers of Mental Health Services

### *Focus Area 3 - Treating Recognized Depression*

Maryland Health Partners • Maryland Local Core Service Agencies • Maryland Local Health Departments • Maryland Local Mental Health Providers • Maryland Mental Hygiene Administration, DHMH

## Cross-Reference Table for Mental Health

*See Also*

Worcester County ..... 288